

Break Open Ticket Application for Manufacturers and Distributors

APPLICATION IS FOR: (Ch Manufacturer License	eck one) \$3,000 Annual Fee	NEW	RENEWAL License #	
Distributor License	\$2,000 Annual Fee	NEW	RENEWAL License #	
Applicant's Name				
Гelephone	Email			
Гrade Name		Federal ID Number		
Mailing Address of Business				
Street Business Location	City/Town	State	Zip Code	
Street	City/Town	State	Zip Code	
Name			Telephone	
Street	City/Town	State	Zip Code	
List all Owners, Partners, or C	Corporate Officers and their	r titles	Title	
Tiente				
Name			Title	
Name			Title	
Name			Title	

(Use separate sheet for additional names)

Commissioner of Taxes to pay any and all taxes due the State of Vermont as of the date of this application.					
Owner, Partner, or Corporate Officer Signature	Title	Date			
Print or type name of signer above					
Authorization to Disclose License Information (optional) I authorize the Vermont Department of Liquor Control to disbreak-open tickets in this state. The disclosure will be only noted on this application. Authorization to disclose licensing	of information related to name an	d contact information as			
Owner, Partner, or Corporate Officer Signature	Title	Date			
Send completed application and required forms with check of Vermont Department of Liquor Control Attention: Licensing 13 Green Mountain Drive	or money order to: Phone (802) 828-2 FAX (802) 828-2 Email DLC.EnfLi				

I/We hereby certify, under pains and penalties of perjury, that this application is true, correct, and complete to the best of my/our knowledge, and that I/We are in good standing with respect to or in full compliance with a plan approved by the